

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10730271

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14	1					
15		1				
16		1				
17		1				
18		2				
19		2				
20		1				
21	1					
22		1				
23		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	24					
TOTAL DEP.		24				
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						